



TWO MINUTE WALK ELIGIBILITY FORM

ID NUMBER:

FORM CODE: TME

DATE: 10/17/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

A. EXCLUSION CRITERIA

Instructions: Questions in bold and quotes are asked by the examiner of the participant.
Question 1 is populated using historical data.
Questions 2-4 are answered by CDART or the interviewer, not asked of the participant. Select the **'Save and Reload'** button to populate answers to questions 2-4 if current visit data are available. If the fields for questions 2-4 are blank, then enter "Yes" or "No".
Question 5 is answered by the interviewer, not asked of the participant.

1. Does the participant have any Ziopatch alert (1a, 1g) for any of the following: wide complex tachycardia >120 bpm sustained for more than 30 seconds or narrow complex tachycardia >180 bpm for 60 seconds or more? [Calculated Script]

Click 'Save and Reload' to populate current visit data.

2. Is the participant able to complete the 4-meter walk without a walking aid? [Calculated Script]

3. Did the participant have an average resting heart rate between 40-110 bpm today? .. [Calculated Script]

4. Did the participant have a systolic blood pressure >=180 mmHg or diastolic pressure >=120 mmHg today? [Calculated Script]

5. Does the participant currently have a cast or other immobilizing device on leg?.....
Yes 1 **END OF FORM**
No..... 0

Instructions: Questions in bold and quotes are asked by the examiner of the participant. Question 6 is populated using historical data. If question 6 is "Yes", then question 6a is asked of the participant.

6. Does the participant have any Ziopatch alert (1b-1e) previously recorded for: 3rd degree (complete) heart block, Mobitz II 2nd degree AV block, pause >6 seconds, or bradycardia <40 bpm and sustained for >30 second?..... [Calculated Script]

"As part of a safety screening process, I would like to ask you a few questions about your medical history."

a. **"Do you have a pacemaker?"**.....
Yes 1

No..... 0 **END OF FORM**
Uncertain..... 2 **END OF FORM**

Instructions: *Questions in bold and quotes are asked by the examiner of the participant. Questions 7-8 are asked of the participant. Read the script prior to asking question 7 if not spoken previously.*

“As part of a safety screening process, I would like to ask you a few questions about your medical history.”

7. **“In the past 3 months, have you experienced angina (chest pain due to heart disease), heart attack, angioplasty, or heart surgery?”**

Yes 1 **END OF FORM**
No..... 0

8. **“In the past 3 months, have you seen or thought about seeing a health professional for new or worsening symptoms of chest pain or pressure, shortness of breath, or fainting?”**

Yes 1 **END OF FORM**
No..... 0

Instructions: *Questions in bold and quotes are asked by the examiner of the participant. Question 9a is populated using historical data. If question 9a is “Yes” (participant has history of Atrial Fibrillation) or question 9b is “Yes” (participant has received treatment for Atrial Fibrillation in the past 3 months), then go to Instruction A prior to taking the manual heart rate of the participant.*

History of Atrial Fibrillation:

9. a. Does the participant have history of Atrial Fibrillation? [Calculated Script]

b. **“In the past 3 months, have you received treatment for Atrial Fibrillation?”**.....

Yes 1 **GO TO INSTRUCTION A**
No..... 0 **END OF FORM**

(For 9c) Instruction A:

Read the script: **“I am going to take a manual heart rate. Will you extend your forearm out and have your palm facing up?”** Then complete question 9c.

c. Does the participant have a manual heart rate 40-110 bpm?

Yes 1 **END OF FORM**
No..... 0 **END OF FORM**
Uncertain..... 2 **END OF FORM**

Eligibility for the TMW test will be displayed in the TMW form in item 3a. Save this form and open the TMW form.